

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245550	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER North Star Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 410 South McKinley Street Warren, MN 56762	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>Based on interview and document review the facility failed to ensure the clinician documented a clinical rationale for the continued dose of a PRN (as needed) medication for 1 of 1 residents reviewed who used PRN Lorazepam (used for the management of anxiety disorders, the short-term relief of symptoms of anxiety or anxiety associated with depression).</p> <p>Findings include:</p> <p>R1's admission Record indicated he admitted to the facility 11/22/23. Diagnosis included depression, psychotic disorder with delusions, pain, weakness, anxiety and Alzheimer's.</p> <p>Facility documents dated 3/15/25, 3/28/25, 4/11/25, indicated verbal orders confirmed by facility staff: Lorazepam oral tablet 0.5 milligrams (mg). Give .5 mg by mouth every eight hours as needed for anxiety. The orders did not include a clinical rationale for continued use of the PRN order.</p> <p>R1's Order Summary Report dated 3/14/25 through 5/31/24, indicated the following orders:</p> <ul style="list-style-type: none"> - 3/15/25, Lorazepam oral tablet 0.5 mg. Give .5 mg by mouth every eight hours as needed for anxiety. End date 3/25/25. - 3/28/25, Lorazepam oral tablet 0.5 mg. Give .5 mg by mouth every eight hours as needed for anxiety. End date 4/11/25. - 4/11/25, Lorazepam oral tablet 0.5 mg. Give .5 mg by mouth every eight hours as needed for anxiety. End date 4/25/25. - 4/25/25, Lorazepam oral tablet 0.5 mg. Give .5 mg by mouth every eight hours as needed for anxiety. End date 5/9/25. - 5/9/25, Lorazepam oral tablet 0.5 mg. Give .5 mg by mouth every eight hours as needed for anxiety. End date 5/23/25. <p>A facility document titled Psychotropic Medication Gradual Dose Reduction Attempts dated 4/30/25, identified Lorazepam 0.5 mg twice daily and PRN. Target behavior indicated agitation. Nursing summary indicated, mood had been good, eating and sleeping well. Sees psychiatric provider. No issues currently.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Is gradual dose reduction possible at this time? the form was checked NO (if NO, clinical rationale must be documented below). The section, Clinical rationale other than listed above, was left blank. The form was signed by the physician on 4/31/25.</p> <p>During interview on 5/15/25 at 10:46 a.m., the director of nursing (DON) stated they had recently had some of the PRN medications drop off so they had developed a process to have the providers write new order on Fridays for the ones that were coming due. The DON indicated she was not aware the provider was required to document a clinical rationale for the ongoing use of PRN medications.</p> <p>Facility Policy Psychotropic Medication Use and Behavioral Monitoring dated 6/17/21, indicated the need to continue PRN orders for psychotropic medications beyond 14 days required that the practitioner document the rationale for the extended order.</p>		